

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

RECEIVED

**A Public Document**

**1. Agency Name**

CITY OF SAN JOSE

Division, Department, or Region (if applicable)

PARKS, RECREATION AND NEIGHBORHOOD SERVICES

Designated Agency Contact (Name, Title)

VERONICA SCHULTE, ANALYST II

Area Code/Phone Number

408-793-5597

E-mail

VERONICA.SCHULTE@SANJOSECA.GOV

San Jose City Clerk  
Date Stamp  
OTC  
2017 NOV 21 AM 10:21

California Form **802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 200.50

Event Description: KATY PERRY CONCERT

Provide Title/Explanation

Date(s) 11 / 14 / 17

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no:

Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

If yes:

Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>CITY OF SAN JOSE EMPLOYEES (MULTIPLE DEPARTMENTS)</u>	<u>16 TICKETS &amp; PARKING PASSES</u>	<u>RECOGNITION FOR DEPARTMENT 2016 EMPLOYEE GIVING CAMPAIGN LIAISONS</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[Signature]

Signature of Agency Head or Designee

Mat Caro

Print Name

Assistant Director

Title


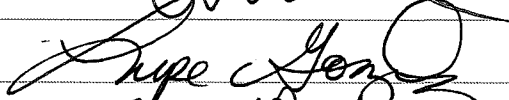
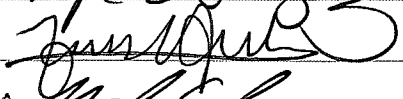
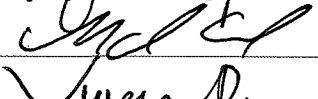

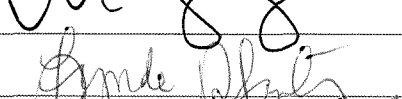
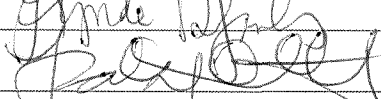


11/16/2017

(month, day, year)

Comment: \_\_\_\_\_

# TICKET DISTRIBUTION

By checking "Received" below, I understand these **tickets cannot be resold or redistributed and are to be used by me and my family member/guest.** The total value of each ticket are ~~\$0.00~~ **200.00**

NAME	I AM A FORM 700 REPORTER	SIGNATURE	
1 Andrew Andrade	<input type="checkbox"/>		PP
2 Lupe Gonzalez	<input type="checkbox"/>		
3 Anh Tran	<input type="checkbox"/>		PP
4 Melrose Cacal	<input type="checkbox"/>		PP
5 Vivian Do	<input type="checkbox"/>		PP
6 MEUSSA ESPINOZA	<input type="checkbox"/>		PP
7 Lynda De Santiago	<input type="checkbox"/>		PP
8 Patsy Cortez	<input type="checkbox"/>		
9 Michelle Saechea	<input type="checkbox"/>		PP
10	<input type="checkbox"/>		

ORGANIZATION

PRNS - Giving Campaign Team 2016

TIME

7:00PM

EVENT DATE

November 14, 2017

LOCATION

Katy Perry Concert

# TICKET DISTRIBUTION

By checking "Received" below, I understand these **tickets cannot be resold or redistributed and are to be used by me and my family member/guest.** The total value of each ticket are \$0.00.

	NAME	I AM A FORM 700 REPORTER	SIGNATURE
1	<i>Teresa Mayor-Calvo</i>	<input type="checkbox"/>	<i>Teresa Mayor-Calvo</i>
2		<input type="checkbox"/>	
3		<input type="checkbox"/>	
4		<input type="checkbox"/>	
5		<input type="checkbox"/>	
6		<input type="checkbox"/>	
7		<input type="checkbox"/>	
8		<input type="checkbox"/>	
9		<input type="checkbox"/>	
10		<input type="checkbox"/>	

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